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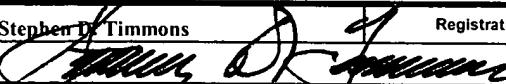
PTO/SB/50 (06-03)

Approved for use through 01/31/2004. OMB 0651-0033

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## REISSUE PATENT APPLICATION TRANSMITTAL

<p><b>Address to:</b></p> <p>Mail Stop Reissue Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450</p>	<p><b>Attorney Docket No.</b> 22299RE1</p> <p><b>First Named Inventor</b> O'Halloran, Michael L.</p> <p><b>Original Patent Number</b> 5,463,852</p> <p><b>Original Patent Issue Date (Month/Day/Year)</b> 11/07/1995</p> <p><b>Express Mail Label No.</b></p>																
<p><b>APPLICATION FOR REISSUE OF:</b> <input checked="" type="checkbox"/> Utility Patent <input type="checkbox"/> Design Patent <input type="checkbox"/> Plant Patent (Check applicable)</p>																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"><b>APPLICATION ELEMENTS (37 CFR 1.173)</b></td> <td style="width: 50%; padding: 5px;"><b>ACCOMPANYING APPLICATION PARTS</b></td> </tr> <tr> <td> <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate)</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)</p> <p>5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 C.F.R. 1.175) (PTO/SB/51 or 52)</p> <p>6. <input type="checkbox"/> Power of Attorney</p> <p>7. <input checked="" type="checkbox"/> Original U.S. Patent currently (If Yes, check applicable box(es)) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Written Consent of all Assignees (PTO/SB/53)</p> <p><input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)</p> <p>8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table</p> <p>9. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary)</p> <p>a. <input type="checkbox"/> Computer Readable Form (CFR)</p> <p>b. Specification Sequence Listing on:</p> <p>i <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or</p> <p>ii <input type="checkbox"/> paper</p> <p>c. <input type="checkbox"/> Statements verifying identity of above copies</p> </td> <td> <p>10. <input checked="" type="checkbox"/> Statement of status and support for all changes to the claims. 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<p><b>18. CORRESPONDENCE ADDRESS</b></p> <p><input checked="" type="checkbox"/> Customer Number: 23589 <input type="checkbox"/> OR <input type="checkbox"/> Correspondence address below</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 5px;">Name</td> <td colspan="3" style="width: 75%; padding: 5px;"></td> </tr> <tr> <td style="width: 25%; padding: 5px;">Address</td> <td colspan="3" style="width: 75%; padding: 5px;"></td> </tr> <tr> <td style="width: 25%; padding: 5px;">City</td> <td style="width: 25%; padding: 5px;">State</td> <td style="width: 25%; padding: 5px;">Zip Code</td> <td style="width: 25%; padding: 5px;">Fax</td> </tr> <tr> <td style="width: 25%; padding: 5px;">Country</td> <td colspan="3" style="width: 75%; padding: 5px;">Telephone</td> </tr> </table>		Name				Address				City	State	Zip Code	Fax	Country	Telephone		
Name																	
Address																	
City	State	Zip Code	Fax														
Country	Telephone																
NAME (Print/Type)	Stephen D. Timmons	Registration No. (Attorney/Agent)	26,513														
Signature																	

This collection of information is required by 37 CFR 1.173. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Reissue, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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17513 USPTO  
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PTO/SB/56 (06-03)

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## REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number

22299RE1

## Claims as Filed - Part 1

Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 66	Total Claims (37 CFR 1.16(j))	(B) 66	**** 0 =	x \$ 9 =	\$0	or	x \$ 18 =
(C) 6	Independent claims (37 CFR 1.16(i))	(D) 6	* 0 =	x \$ 43 =	\$0		x \$ 86 =
Basic Fee (37 CFR				\$385			\$770
Total Filing Fee				\$385			\$770

## Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 69	MINUS	** 66	* = 3	x \$ 9 =	\$27	x \$ 18 =	\$54
Independent Claims (37 CFR 1.16(i))	*** 6	MINUS	***** 6	= 0	x \$ 43 =	\$0		
Total Additional Fee				\$27	OR		\$54	

\* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

\*\* If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

\*\*\* After any cancellation of claims.

\*\*\*\* If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

\*\*\*\*\* "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

Applicant claims small entity status. See 37 CFR 1.27.

Please charge Deposit Account No. \_\_\_\_\_ in the amount of \_\_\_\_\_. A duplicate copy of this sheet is \_\_\_\_\_.

The Director is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 19-0522. A duplicate copy of this sheet is enclosed.

A check in the amount of \$ 824 \_\_\_\_\_ to cover the filing / additional fee is enclosed.

Payment by credit card. Form PTO-2038 is attached.

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

1/26/04  
Date

Signature of Applicant, Attorney or Agent of Record

26,513

Registration Number, if applicable

Stephen D. Timmons

Typed or printed name

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of ) Examiner:  
 ) Group Art Unit:  
O'HALLORAN, Michael L., et al. )  
 )  
 )  
 )  
Title: WIDE CUT HARVESTER HAVING )  
ROTARY CUTTER BED )

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TRANSMITTAL

Transmitted herewith is/are: Express Mail Transmittal; Reissue Patent Application Transmittal; Reissue Application Fee Transmittal Form; \$824 Filing Fee; Reissue Application Declaration by the Assignee (2 pages + Supplemental Sheet); Statement under 37 CFR 3.73(b) (1 page + Supplemental Sheet); Reissue Preliminary Amendment (4 pages); Statement of Status and Support for Changes to Claims under 37 C.F.R. § 1.173(c) (3 pages); Copy of U.S. Patent 5,463,852; Information Disclosure Citation (5 sheets + copies of references cited);. This/These document(s) is/are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 in an envelope addressed to: Mail Stop Reissue, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on January 26, 2004.

EL 993326599 US

Respectfully submitted,

HOVEY WILLIAMS LLP

by



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Kansas City, Missouri 64108  
(816) 474-9050

ATTORNEYS FOR APPLICANT

(Docket No. 22299REI)